



Business Services Division / District Financial Services
 Retirement Reporting Unit
 Room 605, Fax (858) 279-2953

CalPERS MEMBER ACTION REQUEST
 (Please PRINT or TYPE clearly)

First Name		Middle Name		Last Name	
Employee ID#	Social Security Number	Date of Birth	Gender	Former Name	
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		
Mailing Address			Email Address (First Line) and Phone Number (Second Line)		
City	State	ZIP	Position Number	CalPERS Contract Employer Name	Employer Code
				San Diego County Schools	0269
Effective Date of Action	School District # / School District Name		Hire Date	Category	Work Calendar
				Miscellaneous	
Retired Annuitant:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Type of Action (Check all boxes that apply for this Effective Date: if none apply, indicate action needed in "Comments" section)		
A <input type="checkbox"/> Appointment (NAP)	D <input type="checkbox"/> Address Change (ADC)	F <input type="checkbox"/> Permanent Separation (PSP)
B <input type="checkbox"/> Membership Eff. Date Change (ACH)	E <input type="checkbox"/> Profile Change (PRC)	<input type="checkbox"/> Death
C <input type="checkbox"/> Unpaid Leave of Absence		<input type="checkbox"/> Other
<input type="checkbox"/> Begin Leave (BEL)		<input type="checkbox"/> Retirement
<input type="checkbox"/> End Leave (ENL)		Unused Sick Leave Days
		<input type="text"/>

BASIS FOR MEMBERSHIP QUALIFICATION:(Check appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> Full Time for > 6 months | <input type="checkbox"/> Indeterminate; ≥ 20 hours a week for 1 year or more |
| <input type="checkbox"/> Part Time for ≥ 20 hours for 1 year or more | <input type="checkbox"/> Has completed 1,000 hours or 125 days in fiscal year |
| <input type="checkbox"/> Already PERS | <input type="checkbox"/> Right of Election: Certificated electing CalPERS |

Comments

Form Completed By:		
First Name	Last Name	Title
Phone	Fax	Date
Signature		